

ORALHEALTH_{ri}

A Quarterly Oral Health Newsletter of the Rhode Island Department of Health

Patricia A. Nolan, MD, MPH
Director, RI Department of Health

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Donald L. Carcieri
Governor

HEALTH NEWS

Oral Health Program- CDC Site Visit

Per a cooperative agreement with the Centers for Disease Control and Prevention (CDC), the Oral Health Program (OHP), Office of Primary Care recently participated in a site visit to assess its progress toward establishing the recommended oral health infrastructure within the Department. Currently, the OHP is addressing several key focal areas to help strengthen oral health services and to reduce oral disease disparities among Rhode Islanders including, but not limited to: 1) providing oral health/public health leadership; 2) developing a statewide oral disease surveillance system; 3) coordinating with internal/external partners to identify health promotion and disease prevention opportunities; 4) working with oral health coalitions and partners to develop a state oral health plan; 5) leveraging resources to adequately fund oral health/public health activities; and 6) developing evaluation methods to track progress over time.

In meetings with Patricia A. Nolan, MD, MPH, Director of Health, John Fulton, PhD, Associate Director, Division of Disease Prevention and Control, and other key departmental staff, Rene Lavinghouze, MA, CDC Evaluation Scientist, discussed the CDC's vision of core oral health capacity and commended HEALTH on its current progress in building

Rhode Island KIDS COUNT: Partnering To Improve Oral Health Access

*Elizabeth Burke Bryant, JD, Executive Director and Jill Baroni, MPH,
Policy Analyst, Rhode Island KIDS COUNT*

Rhode Island KIDS COUNT, a children's policy and advocacy organization, has long been dedicated to improving the well being of children. Through a series of publications (*Rhode Island Kids Count Factbook* and *Issue Briefs*), KIDS COUNT has facilitated the development of responsive policies/programs and has

educated policymakers and the public on important issues including access to dental care for Rhode Island's children. Most recently, KIDS COUNT has partnered with the Rhode Island Department of Human Services (DHS) and The Rhode Island Foundation to administer the *Rhode Island Oral Health Access Project*, a three-year initiative from The Robert Wood Johnson Foundation (RWJF). Based on the work of the Senate Commission on Oral Health Access, chaired by Senator Elizabeth Roberts, and the active involvement of many public/private sector stakeholders, Rhode Island is one of six states in the nation approved for this funding, and is well-positioned to affect significant change that will improve access to oral health services for those who need it most.

To accomplish the *Project* goal of improved access, particularly for children and families enrolled in Medicaid/RIte Care, a unique partnership has been established

between DHS, The Rhode Island Foundation, and Rhode Island KIDS COUNT. Additional expertise and guidance will be provided by an Advisory Committee comprised of representatives from the Department of Health, the Rhode Island Dental Association, safety-net sites with dental clinics (community health centers and hospitals), dental insurers (Neighborhood Health Plan, Blue Cross Blue Shield, Delta Dental), Community College of Rhode Island, the United Way, Head Start, The Poverty Institute, and community dentists and physicians.

The *Project* has two major components: 1) The Oral Health Access Grant Program, which will support community-based efforts to increase access to oral health services in underserved areas and to increase the state's dental workforce capacity, and 2) the restructuring of Medicaid dental benefits to improve access to preventive and primary dental care.

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**RI is well positioned to
affect significant change
and improve access to
oral health services.**

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KIDS COUNT, in partnership with The Rhode Island Foundation, is charged with the responsibility to facilitate the grant program (Component 1) and to monitor the performance of funded organizations. Component 2 will enable DHS to develop a more commercial-like Medicaid dental benefit and contract with a Dental Plan Manager through a competitive bid process. Participation in this *Project* affords KIDS COUNT an important opportunity to continue its work on behalf of Rhode Island's children. By facilitating media coverage and focusing on public engagement, KIDS COUNT will keep oral health issues on the radar screen of policy makers and the public. Other activities will include conducting best-practice research on promising programs from other states, providing timely and reliable oral health data, and convening key partners to advance the oral health access in Rhode Island. While the RWJF grant will stimulate oral health policy and program development, it is important to recognize that a single grant cannot address all of the state's unmet oral health needs. Thus,

Rhode Island KIDS COUNT, in collaboration with its partners, will work to sustain broad advocacy and policy action to accomplish our shared goal of access to high quality oral health services for all Rhode Islanders. For further information, please contact Jill Baroni at 351-9400 x 20 or visit the KIDS COUNT website (<http://www.rikidscount.org>).



CDC Site Visit *continued from page 2*

oral health infrastructure. In addition, the OHP convened the Evaluation Advisory Group to discuss the development of data collection instruments and evaluation tools that can be utilized to determine future programmatic directions, to monitor achievement of program objectives, to increase community support for oral health, and to inform policymakers of critical issues regarding the oral health of Rhode Islanders. HEALTH would like to acknowledge the RI Senate Commission on Oral Health Access and the OHP Evaluation Advisory Group comprised of Jackie Ascrizzi, MEd, Jill Baroni, MPH, Diane Monti-Markowski, DMD, MBA, Martin Nager, DMD, Edwin Mehlman, DDS, Rosemary Reilly-Chammat, MPA, Senator Elizabeth Roberts, Sandra Saunders, RDH, BS, MS, MPH, Steve Sawyer, Shirley Spater, DMD, MPH, Rodney Thomas, DMD, and Christine Vallee for their contributions to an informative and successful site visit.

School Oral Health Conference

The 4th Annual School Oral Health Professionals Conference, sponsored by HEALTH and CDC, was held December 10, 2003. Mary Anne Miller, RN, MPH, Chief, Office of Primary Care, welcomed school oral health professionals, general dentists and dental hygienists to the conference focusing on healthy eating habits and the issue of school vending machines. Dorothy Hebert, BS, AOS, MBA, Executive Director of Kids First, presented *Working with Healthy Eating Schools to Build Healthy Eating Habits*. The yearly conference offers an opportunity for oral health professionals working with school children to share information and best practices.

New CDC Infection Control Guidelines

The Centers for Disease Control and Prevention (CDC) has developed new infection control guidelines for oral health practitioners. Developed by CDC staff in collaboration with a group of infection control experts, this document contains a review of the scientific evidence as well as consensus, evidence-based recommendations. CDC will distribute the new guidelines, the first comprehensive update of dental-specific recommendations since 1993, via a mass mailing. Many new issues are addressed including dental unit water quality, prevention and management of occupational exposures, latex hypersensitivity, selection and use of dental devices with features designed to prevent injuries, hand hygiene products, and new technologies such as dental lasers and digital radiography. The guidelines will take effect immediately. The new standards, *Guidelines for Infection Control in Dental Health Care Settings 2003* have been published in CDC's Morbidity and Mortality Weekly Report. A link to the CDC Oral Health Resources website can be found on the Oral Health web page at www.health.ri.gov.

Editorial Policy

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Comments? Questions?

Articles, ideas and announcements from readers are welcome. Contact the Oral Health Program at: RI Department of Health
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Oral Opportunistic Infections: Links to Systemic Diseases

The periodontium plays a key role in the interplay between oral health and systemic disease. Infection in these tissues, primarily by gram-negative anaerobic bacteria, can initiate a series of inflammatory and immunologic changes leading to the destruction of connective tissue and bone. Long considered a localized infection, periodontal disease is now linked to a variety of conditions with systemic implications.

Periodontitis appears to share genetically determined risk factors with several other chronic degenerative diseases, i.e., ulcerative colitis, juvenile arthritis, and systemic lupus erythematosus. Recent research points to specific genetic markers associated with increased production of pro-inflammatory cytokines as strong indicators of susceptibility to severe periodontitis. This finding could lead to early identification of people most at risk for severe periodontal disease and initiation of appropriate therapeutic interventions.

The destructive inflammatory processes that define periodontal disease are closely intertwined with diabetes. Persons with noninsulin-dependent diabetes mellitus are three times more likely to develop periodontal disease than nondiabetic individuals. Add smoking to the mix, and the chances of developing periodontitis with loss of tooth-supporting bone are 20 times higher. Those with insulin-dependent diabetes mellitus also are at increased risk for periodontal disease. There is evidence that a history of chronic periodontal disease can disrupt diabetic control, suggesting that periodontal infections may have systemic repercussions. The exact nature of this complex relationship is unclear. Similarities in the etiology of periodontal and other complications of diabetes have emerged also. Studies have shown that hyperglycemia is the common basis for diabetic complications in the eyes, kidneys and nerves. Glucose in high concentrations attaches to other molecules, stimulating chemical reactions that produce advanced glycosylation end products. These large molecules accumulate in tissues, causing damage and disrupting normal function. Scientists suspect that these cellular

reactions figure as well in the tissue destruction seen in periodontal disease. Investigators also are examining the interplay between periodontal infection and metabolic control. Acute viral and bacterial infections are known to induce insulin resistance, which disrupts blood glucose control. Factors including stress, fever, catabolism, and elevated levels of hormones antagonistic to insulin (growth hormone, cortisol, and glucagon) likely play a role in the development of insulin resistance during infection. It is possible, then, that chronic gram-negative infections with persistent production of bacterial toxins, like periodontal disease, could have the same deleterious effect. Emerging evidence may link severe periodontal disease in pregnant women to a seven-fold increase in the risk of delivering preterm low birth weight babies. NIDCR-supported researchers estimate that as many as 18% of the 250,000 premature low-weight infants born annually in the U.S. may be attributed to infectious oral disease. The emotional, social, and economic costs associated with these small babies are staggering. Hospital costs alone surpass \$5 billion annually.

In a recent study, mothers of preterm low-weight newborns were found to have significantly more severe periodontal disease than did mothers of full-term, normal weight babies. Investigators believe that the molecular pathogenesis may be similar to that characterized for other maternal, bacterial, opportunistic infections, such as genitourinary infections, that are associated with low-weight preterm births.

Scientists theorize that oral pathogens release toxins that reach the placenta via the mother's blood circulation and interfere with fetal growth and development, which has been shown to occur in animal studies. The oral infection also prompts accelerated production of inflammatory mediators that normally build to a threshold level throughout pregnancy, then cue the onset of labor. Instead, the elevated levels of these inflammatory mediators trigger premature delivery.

Source: <http://www.nidcr.nih.gov/spectrum/NIDCR2/2textsec3.htm>

Give Kids A Smile! Day

On Friday, February 6, 2004, the nation's dentists will provide free oral health care services to thousands of low-income children across the country. The ADA's first annual *Give Kids a Smile!* national children's dental access day in February 2003, held in conjunction with National Children's Dental Health Month, not only improved the oral health of many needy children, but also highlighted the access-to-care issue for policymakers.

In Rhode Island, dentists, dental hygienists, and dental assistants will volunteer to provide free educational, preventive and/or therapeutic services to underserved children. Volunteers may choose to provide care at Samuels Dental Center/ Rhode Island Hospital, Pediatric Dental Center/ St. Joseph Hospital, or in private offices throughout the state. Oral health professionals also will have the opportunity to spend part of the day in schools talking about preventive dentistry to students and staff.

Last year, 33 Rhode Island dentists volunteered and services were provided to approximately 400 children. This year's goal is to increase participation by Rhode Island's oral health community and provide preventive services to more of the state's underserved children.

For further information, contact Denise Shapiro, DDS at 401.421.1717 or go to www.ada.org.



ANNOUNCEMENTS

RI Board of Examiners in Dentistry**Board Meetings**

RI Department of Health, Providence, RI

January 21, 2004 @ 9:30 AM

February 18, 2004 @ 9:30 AM

March 17, 2004 @ 9:30 AM

For information, call Gail Giuliano at 401.222.2151

RI Dental Assistants Association

Implant-Supported Maxillary and Mandibular Overdentures (2 CEUs)

St. Joseph Hospital Fatima Unit, Providence, RI

January 13, 2004 @ 7:00 PM

Current Concepts in Facial and Reconstructive Surgery (3 CEUs)

St. Joseph Hospital Fatima Unit, Providence, RI

March 9, 2004 @ 7:00 PM

For information, call Joanne Wilbur at 401.647.2175

RI Dental Association

Implant Dentistry in the Year 2003 (7 CEUs)

RI Convention Center, Providence, RI

February 25, 2004 @ 9:00 AM - 5:00 PM

For information, call Valerie Donnelly at 401.732.6833

Give Kids A Smile! Day

February 6, 2004, various times and locations

For information, call Denise Shapiro at 401.421.1717

RI Dental Hygienists' Association

Children's Dental Health Month Volunteer Program (2 CEUs)

Children's Museum of RI, Providence, RI

February 1, 2004, 2 hour commitment required

Spring Options Seminar

MS: A Rapidly Growing Disease (3CEUs) @ 9:00 AM

Intro to Hyperbaric Oxygen Therapy for Dental

Patients (1 CEU) @ 12:15 PM

Emerging Infection Control Issues (3 CEUs) @ 1:30 PM

Our Lady of Fatima Hospital, North Providence, RI

March 6, 2004 @ 9:00 AM - 4:30 PM

Hygienists in Action Volunteer Program

St. Joseph Hospital, Providence, RI

April 3, 2004 @ 9:00 AM - 1:00 PM

For information, call Mary Anne Barry at 401.821.2373

RI Special Senate Commission on Oral Health

RI Department of Health, Providence, RI

March 3, 2004 @ 8:30 AM - 10:00 AM

For information, call Marie Ganim at 401.222.1772

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www.health.ri.gov



A Healthy Smile Can Last A Lifetime

www.health.ri.gov/disease/primarycare/oralhealth/home.htm